

#### **ELIGIBILITY**

Anyone who has a documented diagnosis of disability and who is 3 years to 21 years (on the first day of camp) and resides within boundaries of the Village of Harwood Heights, Village of Elmwood Park, Village of North Riverside, Village of Riverside, Berwyn Park District, Park District of Forest Park, Park District Franklin Park, Norridge Park District, North Berwyn Park District, Park District of Oak Park, River Forest Park District and Veterans Park District.

#### REGISTRATION PROCEDURES

- 1. Registration and scholarship forms can be requested via phone at 847.455.2100 or found online at www.wssra.net.
- 2. All forms must be completed, signed, dated and returned to WSSRA to secure a day camp spot.
- 3. Day Camp scholarship award and your payment information and schedule will be mailed out upon registration.
- 4. Anyone registering after May 24 will not start camp on time.

#### PAYMENT SCHEDULE

March 8 1/3 of your total payment due (or upon registration if after March 8)

May 24 Final 2/3 of your total payment due Payments not made by May 24 will risk losing camp placement.



Due to the popularity of our WSSRA camps, enrollment is determined by lottery.

#### Lottery Registration Process:

- 1. On Monday, February 5 at 9:00am, we will open the lottery for 3 weeks (until Friday, February 23 at 5:00pm). Note, our registration system, Amilia, will add you to the waitlist, which enters you into the lottery. Accounts must have a \$0 balance to enter.
- 2. After the registration period has ended, we will randomly draw participants' names from the lottery.
- 3. Families will be notified via email on Friday, March 1 whether they are registered or waitlisted.
- 4. Registered participants will be invoiced through Amilia, payments must be made by Friday, March 8 to secure your spot in camp. If a payment is not made by the deadline, we will move on to the next person on the waitlist.
- 5. Starting Monday, March 4 we will reopen registration so participants who missed the lottery registration period can be added to the waitlist.



## CANCELLATION POLICY

Cancellations made prior to May 24 will receive a refund less a \$25 processing fee. No refunds will be granted for cancellations made after May 24. In the event WSSRA must change plans or cancel camp due to state guidelines, a refund will be issued.



# SUMMER DAY CAMP **ADVENTURE AWAITS**





#### **CAMP DATES**

June 10 - July 26, Monday-Friday

**Session 1**: 6/10 – 7/3 (4 weeks) No camp on June 19th, July 4th & July 5th **Session 2:** 7/8 - 7/26 (3 weeks)



#### CAMP LOCATIONS

At this time, the 2024 camp sites are not confirmed. Typically, sites are in Berwyn, Oak Park, Franklin Park, Forest Park, and Northlake. All campers are assigned by WSSRA to a site

based upon their age and individual needs.



# **CAMP TIMES & FEES >>>>**



## Preschool Camp (ages: 3-5)

Choose one or both sessions:

Session 1	Dates	Time	Fee
Morning Camp	6/10 - 7/3	9:00-11:45am	\$178.50
Afternoon Camp	610 - 7/3	12:15-3:00pm	\$178.50
Session 2	Dotoo	Time	Г
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Morning Camp	7/8 – 7/26	9:00-11:45am	\$157.50

## DAY CAMP TRANSPORTATION **FEES**

Session 1

One-way transportation Round-trip transportation	\$147.90 \$294.95
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Session 2

One-way transportation \$131.50 Round-trip transportation \$260.25

## Full-Day Camp (ages: 6-21)

If your child will attend summer school, you must register for half-day Choose one or both sessions:

Session	Dates	Time	Fee
1	6/10 - 7/3	9:00am-3:00pm	\$357.00
2	7/8 - 7/26	9:00am-3:00pm	\$315.00

## Half-Day Camp (ages: 6-21)

Half-day registration will not be adjusted for participants attending summer school Choose one or both sessions:

Session	Dates	Time	Fee
1	6/10 - 7/3	12:15-3:00pm	\$178.50
2	7/8 – 7/26	12:15-3:00pm	\$157.50

## TRANSPORTATION—

Door to door transportation is available for an additional fee. Limited spots are available, so transportation requests must be made at the time of camp registration and included on the day camp registration form.

WSSRA will not provide midday transportation for summer school students. Transportation will not be provided for participants who live within 8 blocks of their assigned campsite unless they have a physical disability. Not all buses are air-conditioned.



Scholarships may be awarded for a percentage of camp and transportation fees. Scholarship applications must be submitted at least one week prior to registering for day camp. You will be notified by mail if you receive a scholarship and the amount of assistance granted. Proof of income is required.

# WSSRA

#### WEST SUBURBAN SPECIAL RECREATION ASSOCIATION

## **2024 DAY CAMP REGISTRATION FORM**

Camper T-shirt size (check one) YS YM YM YL S M M L XL 2X 3X Email: nolyh@wssra.net Fax To: (847)455-2157 Mail To: 2915 Maple Street, Franklin Park, Il 60131 Participant Name: Date of Birth: Disability: \_\_\_\_\_ City/State:\_\_\_\_\_\_ Zip:\_\_\_\_\_ Address: \_\_\_\_ Park District/Village: Parent/Guardian Name: Cell Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_ Present School/Workshop: \_\_\_\_\_\_ Teacher/supervisor name: \_\_\_\_\_ Does participant use a wheelchair?  $\square$  Y  $\square$  N Specify: Is participant subject to seizures? Y N IF YES, FILL OUT SEIZURE FORM Will medication be taken at program? V N List any medications: Allergies: Does participant have a communicable disease? Y N If yes, please explain: Did you child attend camp last year? Ty Y N If yes, where: If using WSSRA transportation, is the pick up/drop off location different from above?  $\square$  Y  $\square$  N If yes, address: Payment Information: Session 1 (6/10 - 7/3 Ages Time Fee ☐ TOTAL PAYMENT ENCLOSED 3-5 9:00am-11:45am \$178.50 ☐ AM Preschool Camp ☐ FIRST PAYMENT ENCLOSED ☐ PM Preschool Camp 3-5 12:15pm-3:00pm \$178.50 □ TOTAL PAYMENT TO FOLLOW (IF FAXED) 6-21 12:15pm-3:00pm \$178.50 Half Day □ REQUEST SCHOLARSHIP 6-21 9:00am-3:00pm \$357.00 ☐ Full Day □ CREDIT CARD □ VISA □ MASTER CARD \$0 Transport Self Trans □ Total Amount Paid: Trans \$294.95 WSSRA Round Trip Trans \$147.90 WSSRA Home Only CARD NUMBER: \$147.90 WSSRA to Camp Only Trans Session 2 (7/8 - 7/26) Ages Time Fee 3-5 9:00am-11:45am \$157.50 expiration date: \_\_\_\_\_ / \_\_\_\_ V CODE:\_\_\_\_\_(LOCATED ON BACK - 3 DIGITS) AM Preschool 3-5 PM Preschool 12:15pm-3:00pm \$157.50 I have read the waiver release of all claims and hold harmless 6-21 12:15pm-3:00pm \$157.50 Half Day agreement on the reverse side and unless I have checked NO ☐ Full Day 6-21 9:00am-3:00pm \$315.00 under the three authorizations, I approve them. \$0 Transport Self Trans WSSRA Round Trip Trans \$260.25 **Trans** \$131.50 WSSRA Home Only WSSRA to Camp Only Trans \$131.50 PARENT/PARTICIPANT/GUARDIAN SIGNATURE HOLD HARMLESS Total Due **RELEASE ON** 

DATE

REVERSE SIDE

#### WAIVER RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that in signing up and participating in West Suburban Special Recreation Association programs, you will be waiving and releasing all claims for injuries arising out of these programs that you or the named participant might sustain. The terms "I", "me" and "my" also refer to parents or guardians as well as participants in the programs. In registering for these programs, you are agreeing as follows:

As a participant in these programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating in any manner, in any and all activities connected with or associated with such activities and involve substantial risks of injury.

I agree to waive and relinquish any and all claims I may have as a result of participating in these programs against the West Suburban Special Recreation Association, any and all participating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities of whatever nature that might be directly or indirectly liable for any injuries, that I might sustain while participating in these programs.

I do hereby fully release and discharge the West Suburban Special Recreation Association and the other released parties from any and all claims for injuries, damages or loss, which I may have or which may accrue to me on account of my participation in these programs.

I further agree to indemnify, hold harmless and defend, the West Suburban Special Recreation Association and any and all other parties from any and all

claims resulting from injuries, damages and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the activities of these programs.

I further understand and agree that the terms such as "participation", and "activities", referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in these programs and further include the provision, of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services, facilities, or premises, involved in these programs, and transportation to and from events.

I understand the nature of these programs for which I am registering, and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisement or warnings of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

In case of emergency, I give my permission for the participant to receive any first aid, transportation or medical attention that may be required.

You may return this waiver and release of all claims by mail or fax. You may mail this release to 2915 Maple St., Franklin Park, IL 60131 or send by facsimile transmission to 847.455.2157. When forwarding by fax, it is mutually understood that the facsimile document shall substitute for and have the same legal effect as the original form.

#### TO COMMUNICATE WITH SCHOOL/ HEALTH CARE PERSONNEL\*

I authorize counsellors, teachers, case workers, therapists, or physicians to communicate with WSSRA about the participant's needs AS THEY RELATE TO WSSRA'S PROVISION OF RECREATION SERVICES TO THE PARTICIPANT. WSSRA WILL KEEP CONFIDENTIAL ALL INFORMATION OBTAINED THROUGH SUCH COMMUNICATIONS.

☐ YES ☐ NO

#### TO DISCLOSE INFORMATION TO WSSRA MEMBER PARTNERS\*

WSSRA MAY DISCLOSE TO MY HOME PARK DISTRICT OR MUNICIPALITY INFORMATION ABOUT THE PARTICIPANT'S AND MY INVOLVEMENT IN WSSRA PROGRAMS OR ACTIVITIES, INCLUDING OUR NAMES, TELEPHONE NUMBER, ADDRESS, PROGRAM REGISTRATIONS, AND THE PARTICIPANT'S AGE AND DISABILITY, PROVIDED THAT MY HOME PARK DISTRICT OR MUNICIPALITY SHALL NOT REDISCLOSE THAT INFORMATION WITHOUT MY EXPRESS WRITTEN CONSENT.

☐ YES ☐ NO

\*I understand that I can change my decisions regarding the statements above at any time for any reason by delivering a written notice to WSSRA, prohibiting further disclosure information.

#### WE WELCOME YOUR INPUT!

We invite you to share with us your program ideas and comments about our services: EMAIL US YOUR INPUT AT WSSRA@WSSRA.NET





